

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	X					
2	X					
3		2x				
4		2x				
5		2x				
6	X					
7		X				
8		X				
9		X				
10		X				
11		X				
12		X				
13		X				
14	X					
15	X					
16		X				
17		X				
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50						
TOTAL IND.	5					
TOTAL DEP.	19					
TOTAL CLAIMS	24					

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						